


4 Workflow Hacks for Getting Paid Faster



Is your office looking for ways to get paid faster and capture more of what you are owed?

CHECK OUT THESE FOUR WORKFLOW HACKS TO HELP BRING YOUR ELIGIBILITY, BILLING AND CLAIMS PROCESSES UP TO DATE AND MAXIMIZE YOUR REVENUE! 

WORKFLOW HACK 1

HANG UP AND LOG IN (JUST ONCE!)

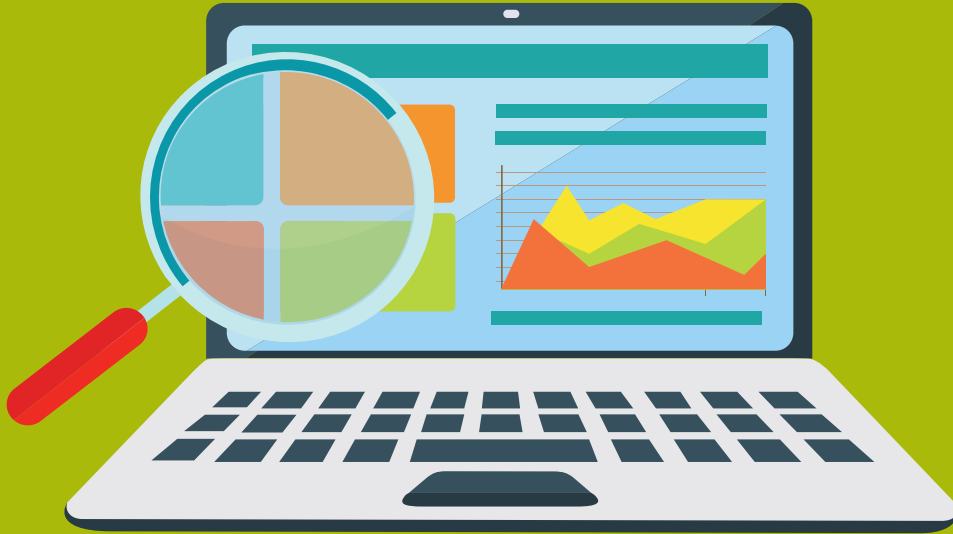
Your incoming patients will stack up like planes on a runway if you are still checking eligibility over the phone. Are you being thwarted by phone trees that won't let you check more than one patient's eligibility per call? Checking eligibility over the phone or by switching between various payer portals may become so time-consuming that the task simply gets swept aside when the office gets too busy. And, sadly, today's missed eligibility verification is destined to become tomorrow's denied claim.

Time to **consolidate your eligibility verifications** into easy one-stop shopping that works in real time!



WORKFLOW HACK 1

Look for a web-based tool that →



- Automates **eligibility checks for multiple payers and patients** one by one or in batches
- Connects you with Medicare, Medicaid and all of your top payers
- Eliminates redundant data input
- Quickly **searches, filters, prints and rechecks** previous eligibility requests
- Alerts you to changes and overlapping insurance coverage
- **Supports your workflow** by assigning and prioritizing tasks, generating reminders and sharing payer-specific notices
- Assigns tasks to admissions and other departments across **solo or multiple practices**

WORKFLOW HACK 2

SIMPLIFY GETTING CLAIMS OUT THE DOOR

Your practice can quickly become mired in unpaid claims if you rely on slow, error-prone claim submission and management tools. A **dependable revenue cycle management platform** can make all the difference.



WORKFLOW HACK 2



The best platform uses industry-leading claim-scrubbing technology that raises your first-pass claim acceptance rate to 98% or better using the most comprehensive, current rules from public and private payers, as well as those you customize to your business. In addition to automating complex workflows, secondary/tertiary payer claims and coding, these platforms integrate eligibility checks and provide **real-time reporting and A/R forecasting**, allowing ongoing visibility into the entire claims process. Rejected claims are quickly flagged with easy-to-follow correction guidance.

Intelligent routing speeds claims to payers in the nearest processing cycle, dramatically reducing A/R days and write-offs. The result: faster payments, fewer rejected claims and complete confidence.

WORKFLOW HACK 3

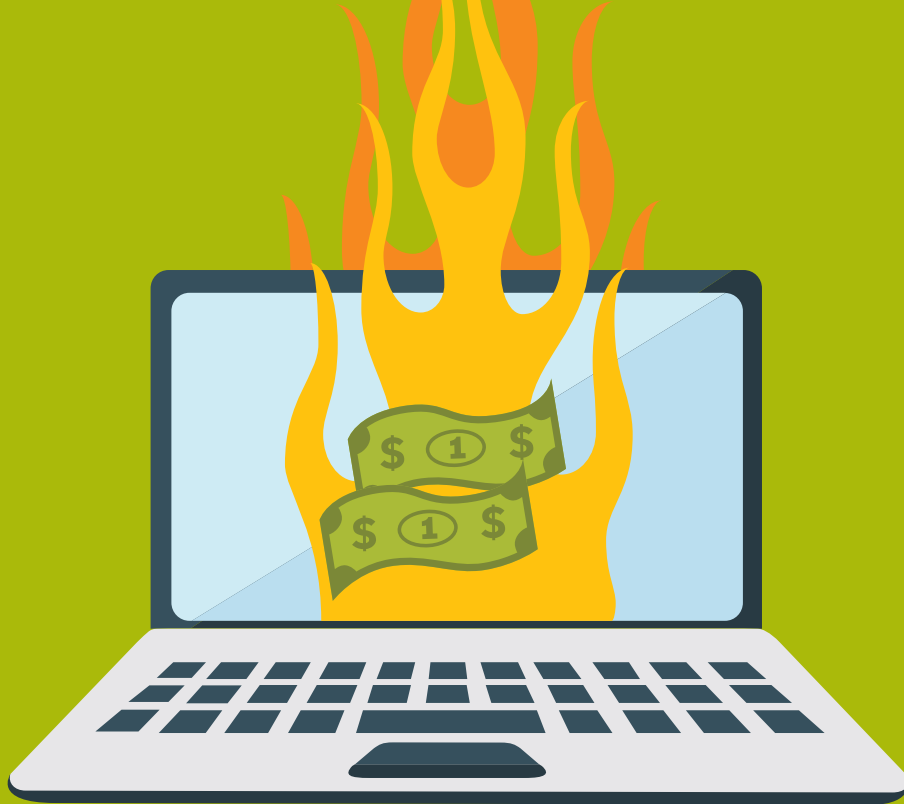
DITCH THE OUTDATED FREESTANDING CARD READER

The patient pay landscape has changed dramatically. Relying on outdated point-of-sale technology can cost your practice dearly with its shaky security and transmission errors, not to mention the appearance it projects to patients.



WORKFLOW HACK 3

By switching to a **comprehensive, integrated patient payment platform**, you can achieve →



- **Blazing-fast web-based transactions** with nearly 100% uptime, backed by an industry standard firewall
- Significantly **more revenue collected** after patient visits
- Ultimate convenience in accepting nearly all forms of payment – from credit/debit/HSA cards and e-checks to ACH and electronic funds transfer
- **Streamlined A/R** as you ditch cumbersome paper statements and slow snail mail
- **Happier patients** who will love your 24/7 online payment capability
- Worry-free recurring payments and e-receipts

WORKFLOW HACK 4

OUTSOURCE PATIENT STATEMENTS

Patient statement processing eats up time for your staff and slows down payments. Smart practices outsource this function to maximize their own internal resources. Of course, patients still want to feel they are dealing directly with your practice, so you'll need a patient statement solution that allows for **flexible customization** with your logo, colors and other preferences.

Outsourcing your statement processing is not only less expensive, but **improves cash flow** and makes patient bills easier to understand. (And the clearer the statements, the less time your staff spends on the phone answering questions.)





TLC FOR BOTH SIDES OF YOUR PRACTICE

The kind of care your practice provides speaks volumes about your dedication to clinical excellence. Now, apply these hacks to your business operations to make sure you're delivering a positive, professional and patient-friendly experience from start to finish.

If you are ready to improve your eligibility checks, streamline claims submission, speed patient payments and enhance billing, contact ABILITY today.

Yes! I want to get paid faster!